Case 21-04090 Doc 20 Filed 04/15/21 Entered 04/15/21 10:34:15 Desc Main

Document Page 1 of 2

UNITED STATES BANKRUPTCY COURT

Fill in this information to identify	your case:	NORTH	NORTHERN DISTRICT OF ILLINOIS				
Debtor 1 First Name	Middle Name L	ast Name		-	APR 15 2021		
Debtor 2 (Spouse, if filing) First Name	Middle Name L	_ast Name		-			
United States Bankruptcy Court for the:	District of	JEFFF	JEFFREY P. ALLSTEADT, CLERK				
Case number (If known)		An ame	Check if this is: An amended filing A supplement showing postpetition chapter 13				
					as of the following date:		
Official Form 106I		MM / DE	MM / DD / YYYY				
Schedule I: You	ır Income		12/15				
supplying correct information. If yo	ou are married and not filingse is not filingse is not filing with you, do top of any additional page	g jointly, and yo not include info	ur spo ormati	ouse is living with your about your spou	r 2), both are equally responsible for ou, include information about your spouse. ise. If more space is needed, attach a nown). Answer every question.		
Fill in your employment		Dobtos 4			Debter 2 or new filing energy		
information.		Debtor 1			Debtor 2 or non-filing spouse		
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed	ed		☐ Employed ☐ Not employed		
Include part-time, seasonal, or self-employed work.							
Occupation may include student or homemaker, if it applies.	Occupation						
	Employer's name						
	Employer's address						
	Employer 3 address	Number Street			Number Street		
		City	State	ZIP Code	City State ZIP Code		
	How long employed there						
Part 2: Give Details About	Monthly Income						
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, as	ave more than one employer,	, combine the info	Ü		te \$0 in the space. Include your non-filing r that person on the lines		
				For Debtor 1	For Debtor 2 or		
2. List monthly gross wages, sale			non-filing spouse				
deductions). If not paid monthly,	vage would be.	2.	\$	\$			
3. Estimate and list monthly over	time pay.		3. •	+\$	+ \$		
4. Calculate gross income. Add li		4.	\$	\$			

Filed 04/15/21 Entered 04/15/21 10:34:15 Desc Main Document Page 2 of 2 Case 21-04090 Doc 20

Debtor 1

First Name Middle Name Last Name Case number (if known)_

			For Debtor 1		otor 2 or ng spouse
С	opy line 4 here	→ 4.	\$	\$	
5. Li	st all payroll deductions:				
Ę	a. Tax, Medicare, and Social Security deductions	5a.	\$	\$	
	b. Mandatory contributions for retirement plans	5b.	\$		
Ę	c. Voluntary contributions for retirement plans	5c.	\$	_ \$	
Ę	d. Required repayments of retirement fund loans	5d.	\$	_ \$	
Ę	ie. Insurance	5e.	\$	_ \$	
Ę	if. Domestic support obligations	5f.	\$	_ \$	
Ę	ig. Union dues	5g.	\$	\$	
	Sh. Other deductions. Specify:	5h.	+\$	+ \$	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	. 6.	\$	\$	
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	_ \$	
8. L	ist all other income regularly received:				
8	Ba. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	_ \$	
	Bb. Interest and dividends	8b.	\$	\$	
8	Bc. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	_ \$	
8	Bd. Unemployment compensation	8d.	\$		
	Be. Social Security	8e.	\$	_ \$	
;	Bf. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		œ.	œ.	
	Specify:	8f.	\$	_ \$	
	Bg. Pension or retirement income	8g.	\$	_ \$	
	Bh. Other monthly income. Specify:	8h.	+\$	_ +\$	
9. /	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	+ \$	
lr	tate all other regular contributions to the expenses that you list in Scheduclude contributions from an unmarried partner, members of your household, yields or relatives.			oommates, and	d other
	o not include any amounts already included in lines 2-10 or amounts that are			enses listed in	Schedule .
S	pecify:				1
	dd the amount in the last column of line 10 to the amount in line 11. The			•	
V	rite that amount on the Summary of Your Assets and Liabilities and Certain S	Statist	ical Intormation, if i	t applies	12
		_	_		
	Do you expect an increase or decrease within the year after you file this	form	?		
	☑ No. ☑ Yes. Explain:				
	· · · · · · · · · · · · · · · · · ·				